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PTO/SB/21 (09-04)

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FORM

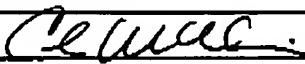
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Total Number of Pages in This Submission

Application Number	10/633,843
Filing Date	August 4, 2003
First Named Inventor	C. Frank Bennett
Art Unit	1635
Examiner Name	Terra C. Gibbs
Attorney Docket Number	RTS-0242US.C1

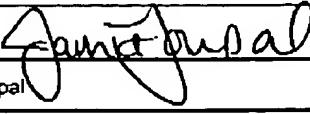
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Isis Pharmaceuticals, Inc.		
Signature			
Printed name	Colleen J. McKiernan, Ph.D.		
Date	June 8, 2006	Reg. No.	48,570

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Jamie Toupal	Date	6/8/2006

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL For FY 2005		Application Number 10/633,843	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date August 4, 2003	
TOTAL AMOUNT OF PAYMENT (\$ 50.00)		First Named Inventor C. Frank Bennett	
		Examiner Name Terra C. Gibbs	
		Art Unit 1635	
		Attorney Docket No. RTS-0242US.C1	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0252 Deposit Account Name: Isis Pharmaceuticals, Inc.				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Fee (\$)	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	Fee (\$)	200	100
Multiple dependent claims	Fee (\$)	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
22	- 20 or HP = 2	x 25.00	= 50.00			
	HP = highest number of total claims paid for, if greater than 20					

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 or HP = 0	x 0	= 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fee Paid (\$)

SUBMITTED BY			
Signature	<i>Colleen J. McKiernan</i>	Registration No. 48,570	Telephone 760-603-2722
Name (Print/Type)	Colleen J. McKiernan, Ph.D.	Date <i>June 8 2006</i>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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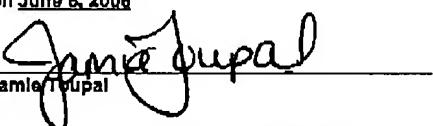
JUN 08 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: RTS-0242US.C1
Inventors: Bennett and Dobie
Serial No.: 10/633,843
Filing Date: August 4, 2003
Examiner: Terra C. Gibbs
Group Art Unit: 1635
Title: Antisense Modulation of
Superoxide Dismutase 1, Soluble
Expression

Certificate of Facsimile Transmission

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On June 8, 2006



Jamie Toupal

Mail Stop- Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Reply and Request for Reconsideration

Dear Examiner Gibbs:

This reply is in response to the outstanding final office action in this case with a mailing date of April 5, 2006 setting a three month period of time for response.

The Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks begin on page 6.

06/09/2006 MAHMED1 00000036 500252 10633843

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